



CITY OF SAINT PAUL
Christopher B. Coleman, Mayor

375 Jackson Street, Suite 220
Saint Paul, Minnesota 55101-1806

Telephone: 651-266-9090
Facsimile: 651-266-9124
Web: www.stpaul.gov/dsi

GAMBLING HALL LICENSE
(To be filled out by owner of building/property)

1. Gambling Hall Application Yes ____ No ____
2. Gambling Hall Affidavit Yes ____ No ____
3. Payment Attached / Gambling Hall Fee \$385.00
(Owner pays this fee)
4. Class N License Application Yes ____ No ____

GAMBLING HALL LICENSE APPLICATION

Gambling Hall Information:

1. _____
Name of Business Phone #

2. _____
Street Address City State Zip Code

Type of Business:

3. ☐ Sole Proprietorship ☐ Partnership ☐ Corporation

4. Names of all owners, officers, directors & partners -
Name Address Phone # Date of Birth

Property Owner(s) Information:

5. _____ (_____) _____
Name of Legal Owner of Gambling Hall Property Phone #

6. _____
Business Mailing Address City State Zip Code

7. Names of all tenants of property -
Name Phone #

- 1) _____
2) _____
3) _____
4) _____

8. Attach a copy of lease between gambling hall applicant and property owner.

9. Attach a letter of permission from the property owner for the conduct of gambling on the premise.

ANY FALSIFICATION OF ANSWERS GIVEN OR MATERIAL SUBMITTED WILL RESULT IN DENIAL OF THIS APPLICATION.

TO BE COMPLETED BY GAMBLING HALL OWNER

I understand and will uphold ordinances Chapter 278 and Chapter 409 of the Saint Paul Legislative Code (Gambling Hall & Intoxicating Liquor) relating to pulltabs and tipboards in Gambling Halls.

I further understand that failure to comply may result in the suspension or revocation of corresponding licenses.

Signature

Signature

Date

Return to:
DSI/Gambling Enforcement
375 Jackson Street, Suite 220
St. Paul, MN 55101-1806



CITY OF ST. PAUL

DEPARTMENT OF SAFETY AND INSPECTIONS
375 JACKSON STREET, SUITE 220
ST. PAUL, MINNESOTA 55101-1806
Phone: 651-266-9090 Fax: 651-266-9124
Visit our Website at: www.stpaul.gov/dsi

CLASS N LICENSE APPLICATION

LICENSES ARE NOT TRANSFERRABLE

Payment must be received with Each Application

{This application is subject to review by the public}

Types of License(s) being applied for: (Office Use Only)

Fees

Total	

Anticipated Date of Opening: ____ / ____ / ____

Company Name: _____ (Circle: Corporation Partnership Sole Proprietorship)

If business is incorporated, give date of incorporation: _____

Business Name (DBA): _____ Business Phone: (____) _____

Business Address (business location): _____

Street (#, Name, Type, Direction) City State Zip + 4

Between what cross streets is the business located? _____ Which side of the street? _____

Mail To Address (if different than business address): _____

Street (#, Name, Type, Direction) City State Zip + 4

APPLICANT INFORMATION:

Name and Title : _____

First Middle (Maiden) Last Title

Home Address: _____

Street (#, Name, type, Direction) City State Zip + 4

Date of Birth: _____ Place of Birth : _____ Home Phone (____) _____

Driver License: _____ State of Issue: _____

Have you ever been convicted of any felony, crime or violation of any city ordinance other than traffic? YES ____ NO ____

Date of Arrest: _____ Where? _____

Charge: _____

Conviction: _____ Sentence: _____

List licenses which you currently hold, formerly held, or may have an interest in: _____

Have any of the above named licenses ever been revoked? ____ YES ____ NO If yes, list the dates and reasons for revocation: _____

Are you going to operate this business personally? ____ YES ____ NO If not, who will operate it? _____

First Name Middle Initial (Maiden) Last Date of Birth

(____)

Home Address: Street (#, Name, Type, Direction) City State Zip + 4 Phone Number

Revised 01/16/2009

APPLICANT INFORMATION (Continued) :

Are you going to have a manager or assistant in this business? _____ YES _____ NO If the manager is not the same as the Operator, please complete the following information:

First Name	Middle Initial	(Maiden)	Last	Date of Birth
				()

Home Address: Street (#, Name, Type, Direction)	City	State	Zip + 4	Phone Number
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Licensee Work History (list name, address and phone number of all employers for the previous 5 year period)

List all other officers of the corporation (use additional pages if necessary):

Officer Name	Title	Home Address	Home Phone	Business Phone	Date of Birth

If business is a partnership, please include the following information for each partner (use additional pages if necessary):

First Name	Middle Initial	(Maiden)	Last	Date of Birth
				()

Home Address: Street (#, Name, Type, Direction)	City	State	Zip + 4	Phone Number
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First Name	Middle Initial	(Maiden)	Last	Date of Birth
				()

Home Address: Street (#, Name, Type, Direction)	City	State	Zip + 4	Phone Number
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MINNESOTA TAX IDENTIFICATION NUMBER

Pursuant to the Laws of Minnesota, 1984, Chapter 502, Article 8, Section 2 (270.72) (Tax Clearance; Issuance of Licenses), licensing authorities are required to provide to the State of Minnesota Commissioner of Revenue, the Minnesota business tax identification number and the social security number of each license applicant.

Under the Minnesota Government Data Practices Act and the Federal Privacy Act of 1974, we are required to advise you of the following regarding the use of the Minnesota Tax Identification Number:

- This information may be used to deny the issuance or renewal of your license in the event you owe Minnesota sales, employer's withholding or motor vehicle excise taxes;
- Upon receiving this information, the licensing authority will supply it only to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Agreement, the Department of Revenue may supply this information to the Internal Revenue Service.

Minnesota Tax Identification Numbers (Sales & Use Tax Number) may be obtained from the State of Minnesota, Business Records Department, 600 Robert Street North, Saint Paul, MN (651-296-6181).

Minnesota Tax Identification Number: _____

☐ If a Minnesota Tax Id is not required for the business being operated, indicate so by placing an "X" in the box.

**ANY FALSIFICATION OF ANSWERS GIVEN OR MATERIAL SUBMITTED
WILL RESULT IN DENIAL OF THIS APPLICATION**

I hereby state that I have answered all of the preceding questions, and that the information contained herein is true and correct to the best of my knowledge and belief. I hereby state further that I have received no money or other consideration, by way of loan, gift, contribution, or otherwise, other than already disclosed in the application which I herewith submitted. I also understand this premise may be inspected by police, fire, health and other city officials at any and all times when the business is in operation.

Signature (REQUIRED for all applications)

Date

PREFERRED METHODS OF COMMUNICATION FROM THIS OFFICE
(please rank in order of preference – “1” is most preferred):

____ Phone Number with area code: (____) _____ Extension _____
Check the type of Phone Number listed above: ☐ Business ☐ Home ☐ Cell ☐ Fax ☐ Pager

____ Phone Number with area code: (____) _____ Extension _____
Check the type of Phone Number listed above: ☐ Business ☐ Home ☐ Cell ☐ Fax ☐ Pager

____ Mail: _____
Street (#, Name, Type, Direction) City State Zip + 4

____ Internet: _____
E-Mail Address

All Class N applications must be submitted with the following documents:

1. Provide a copy of your executed (signed) rental lease and/or assignment, as well as a letter of permission from the landlord, to allow this type of business operation on the premises unless specified in the lease. Or, provide a copy of your Purchase Agreement and/or Bill of Sale of the property.
2. If incorporated or partnership, provide a copy of your Articles of Incorporation, as well as minutes of the first corporate meeting, elections of officers, and desire of corporation to enter into this type of business. The first corporate meeting minutes should include the distribution/allocation of corporate shares.

**** Note: If your license(s) require a Surety Bond or Certificate of Insurance, the Surety Bond and Insurance expiration dates must run concurrent with the license. ****

We will accept payment by Cash, Check (made payable to City of Saint Paul) or Credit Card (American Express, Discover, MasterCard or Visa).

<input type="checkbox"/> American Express <input type="checkbox"/> Discover <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa										Expiration Month/Year ▶▶					
Enter Account Number ▶															

Signature of Cardholder

Date

Revised 01/16/2009

SPECIFIC LICENSE APPLICATIONS REQUIRE ADDITIONAL INFORMATION

Cabaret Adult	Please attach written proof that each employee is at least 18 years old.
Conversation/Rap Parlor Adult	Please attach written proof that each employee is at least 18 years old.
Entertainment	Please specify class A, B, or C license; obtain and attach signatures of approval from 90% of your neighbors within 350 feet of the establishment for B and C licenses. This license must be applied for in conjunction with a Liquor, Wine, Malt On Sale or Rental/Dance Hall license.
Firearms	Please attach a letter with the following information: state if selling or only repairing, Federal Firearms License Number, type of Armed Services discharge (Honorable, General Bad Conduct, Undesirable, Dishonorable, or no military service. (NOTE: Establishment must be commercially zoned.)
Game Room	Please provide the following information: name of machine and list price. (NOTE: A Pool Hall license is required if there are any pool tables in the establishment.
Health/Sports Club Adult	Please attach written proof that each employee is at least 18 years old.
Liquor On/Off Sale	Refer to attached liquor application
Massage Center	Refer to attached massage application checklist.
Massage Center Adult	Please attach written proof that each employee is at least 18 years old.
Massage Practitioner	Refer to attached massage application checklist.
Motorcycle Dealer	Please include State of Minnesota Dealer Application.
New Motor Vehicle Dealer	Please include State of Minnesota Dealer Application.
Parking Lot or Parking Ramp	Please include the number of parking spaces, and attach plans containing a general description of the security provided at the lot/ramp, a site plan showing driveways of the proposed lot and the legal description of the property (this requirement is necessary only if no site plan is currently on file). Attach a cover letter describing your plans to comply with the lighting and painting requirements.
Pawnbroker	Please attach \$5,000.00 Surety Bond.
Second Hand Dealer (Antiques/Computer/Electronics)	Please include written hours of operation and address of where records will be kept.
Second Hand Dealer (Motor Vehicle)	Please include the State of Minnesota Dealer Application.
Second Hand Dealer (Motor Vehicle Parts)	Please attach \$5,000.00 Surety Bond.
Steam Room/Bath House Adult	Please attach written proof that each employee is at least 18 years old.
Theater Adult	Please attach written proof that each employee is at least 18 years old.
Tow Truck/Wrecker	<ul style="list-style-type: none"> • Complete the attached Tow Truck Affidavit form and Tow Truck Vehicle Inspection Sheets (please make copies as needed). Contact Kris Schweinler, DSI Senior License Inspector at 651-266-9110 to schedule an appointment to get your tow vehicles inspected. • Submit a list of all contracted private property towing locations and persons with authority to sign tow order forms. • Submit a copy of your tow order form. • Submit a copy of your schedule of charges, including reasonable fixed towing and fixed drop charges. • Submit a statement that the storage lot will be maintained continuous (24) hour on-duty service from an office on the premises for the release of motor vehicles. The location of the storage lot should be clearly stated. • Submit a list of the names and address of all drivers employed by your towing company. • Submit an original Surety Bond in the amount of \$10,000 conditioned upon the proper handling and safekeeping of vehicles, accessories, and personal property and the guarantee of reimbursement to owners for loss. The bond requires a 30-day notice of cancellation to the City of Saint Paul Department of Safety and Inspections • Submit a copy of your certificate of insurance insuring you against any and all liability incurred in the use or operations of the licensed tow vehicle including the providing of wrecker or tow truck motor vehicle services. The policy of insurance shall be in the limits of not less than \$100,000 for injury or death to one person, \$300,000 for each occurrence, and \$100,000 property damage. Each tow truck vehicle to be licensed must be listed on the certificate of insurance (include the VIN#, make, model, year, and license plate #).

Zoning Summary Sheet*

Date: _____

License ID# (Office Use) _____

In order for the Zoning Administrator to determine the classification of your business and to expedite your license application, this form must be completed and submitted with a floor plan and a site plan which is dimensioned and drawn to scale (see example site & floor plan formats below).

***Zoning approval will not be granted for this license request without this information.**

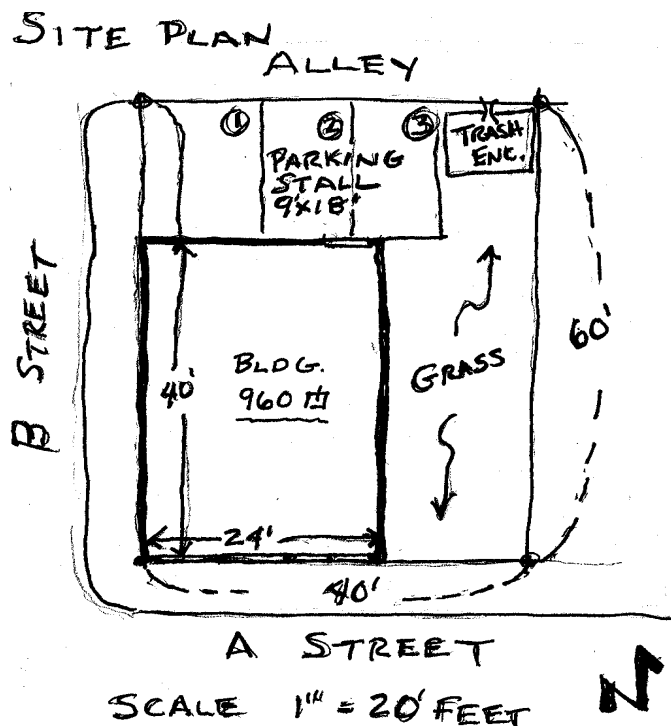
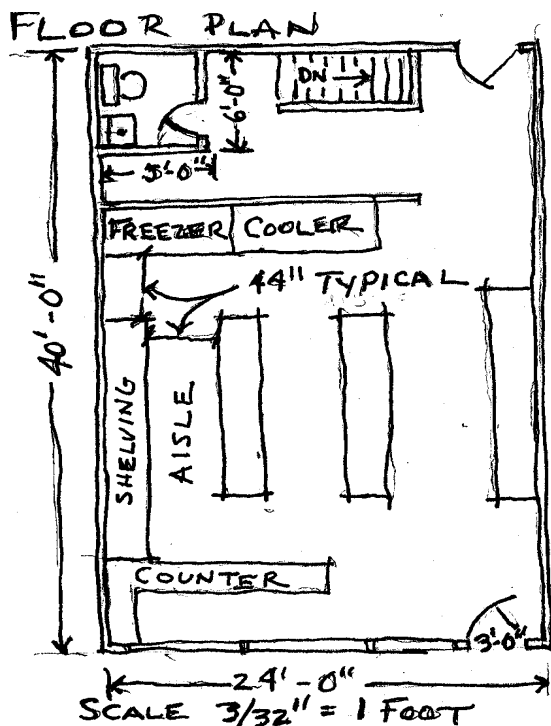
Business Address _____ Business Type _____
Street Address

Business Name _____

Licensee/Owner Name: _____ Day Phone: _____ / _____ - _____
(Responsible Party) First Middle Maiden Last

Please answer questions 1 - 6. You will also need to answer questions 7 - 15 if you are applying for a restaurant license. Contact the zoning inspector at 651/266-9083 if you have questions about the information needed on this form.

- | | |
|---|---|
| 1. What is the gross floor area for this business?
_____ square feet. | 7. Do you intend to have a drive-thru window? ____ yes ____ no |
| 2. What was the previous use of this space?
_____ | 8. Will you have a permanent menu board? ____ yes ____ no |
| 3. How many off-street parking spaces are provided for this business? _____ | 9. Do you intend to serve liquor? ____ yes ____ no |
| 4. How many different uses are in the building? _____ | 10. Is this a restaurant associated with a Chain or franchised business? ____ yes ____ no |
| 5. What are these uses? _____ | 11. Will customers pay for their food before consuming it? ____ yes ____ no |
| 6. Do you own the property or are you leasing it?
_____ | 12. Is a self-service condiment bar proposed? ____ yes ____ no |
| | 13. Are trash receptacles provided for self-Service bussing? ____ yes ____ no |
| | 14. Will there be hard finished, stationary seating? ____ yes ____ no |
| | 15. Are your main course food items Prepackaged ____ or made to order? ____ |



Certificate of Compliance

Minnesota Workers' Compensation Law

PRINT IN INK or TYPE.

Minnesota Statutes, Section 176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business or engage in any activity in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Minnesota Statutes, Chapter 176. The required workers' compensation insurance information is the name of the insurance company, the policy number, and the dates of coverage, or the permit to self-insure. If the required information is not provided or is falsely stated, it shall result in a \$2,000 penalty assessed against the applicant by the commissioner of the Department of Labor and Industry.

A valid workers' compensation policy must be kept in effect at all times by employers as required by law.

BUSINESS NAME (Individual name only if no company name used)	LICENSE OR PERMIT NO (if applicable)
DBA (doing business as name) (if applicable)	

BUSINESS ADDRESS (PO Box must include street address)	CITY	STATE	ZIP CODE
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YOUR LICENSE OR CERTIFICATE WILL NOT BE ISSUED WITHOUT THE FOLLOWING INFORMATION. You must complete number 1, 2 or 3 below.

NUMBER 1 COMPLETE THIS PORTION IF YOU ARE INSURED:

INSURANCE COMPANY NAME (not the insurance agent)		
WORKERS' COMPENSATION INSURANCE POLICY NO.	EFFECTIVE DATE	EXPIRATION DATE

NUMBER 2 COMPLETE THIS PORTION IF SELF-INSURED:

<input type="checkbox"/> I have attached a copy of the permit to self-insure.

NUMBER 3 COMPLETE THIS PORTION IF EXEMPT:

I am not required to have workers' compensation insurance coverage because:

- ☐ I have no employees.
- ☐ I have employees but they are not covered by the workers' compensation law. (See Minn. Stat. § 176.041 for a list of excluded employees.) Explain why your employees are not covered: .
- ☐ Other: .

ALL APPLICANTS COMPLETE THIS PORTION:

I certify that the information provided on this form is accurate and complete. If I am signing on behalf of a business, I certify that I am authorized to sign on behalf of the business.

APPLICANT SIGNATURE (mandatory)	TITLE	DATE
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NOTE: If your Workers' Compensation policy is cancelled within the license or permit period, you must notify the agency who issued the license or permit by resubmitting this form.

This material can be made available in different forms, such as large print, Braille or on a tape. To request, call 1-800-342-5354 (DIAL-DLI) Voice or TDD (651) 297-4198.